

Billing and Coding Guidelines for Cytogenetic Studies

LCD ID
L34655

Guidelines

- A. Screening is not a covered benefit by Medicare. If the test being done is for screening purposes, use code Z01.89 Encounter for other specified special examinations. (This should only be used when a denial is needed for secondary insurance.) Patients should be notified that screening is a non-covered service.
- B. CPT codes: Vary according to specific purpose.
Examples of codes that would be billed to together with the FISH procedure
FISH 3-5 metaphase cells = 88272, 88271
FISH 10-30 metaphase cells = 88273, 88271
FISH 25-99 interphase cells = 88274, 88271
FISH 100-300 interphase cells = 88275, 88271
* for each probe - so, a dual-probe assay would be 88271 X 2

Revision History Date

Revision History

09/01/2015 LCD and Billing & Coding Guidelines are being retired.

10/01/2014 Annual review on 09/11/2014.

08/01/2014 Removed ICD-9 code V72.6 and replaced with ICD-10 code Z01.89. Claims submission section removed because these were ICD-9 billing instructions. ICD-10 codes are specific for these autosomal anomalies and are in the policy.